



## Volunteer Organization Charter Application

This application must be completed and approved prior to the establishment of the Organization.

Henry County Schools is proud to partner with volunteer organizations for the purpose of promoting parent and community involvement in support of our local schools.

Volunteer Organizations must be approved by the school principal and may not begin operation until approved.

All prospective organizations should submit the following items along with the Charter Application:

- Bylaws    
  Officer List    
  Organization Data Sheet    
  Acknowledgement Form

**\*\* All officers and members must have an approved, current background check on file at the District Office. \*\***

### Organization Information

Organization Name \_\_\_\_\_

School Name \_\_\_\_\_

Sport or Activity Supporting (if other, please specify): \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Purpose of Organization:** How will the Organization support the following?

Students: \_\_\_\_\_  
 \_\_\_\_\_

School: \_\_\_\_\_  
 \_\_\_\_\_

### Organization Representative Information

Use the space below to provide information about the individual completing this application.

Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature, Organization Representative \_\_\_\_\_

Date \_\_\_\_\_

Printed Name, School Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Signature, School Sponsor \_\_\_\_\_

Date \_\_\_\_\_

#### Office Use Only:

A copy of approved applications and supporting documentation must be provided to the District Office.

Principal's Signature \_\_\_\_\_  Approved

Date \_\_\_\_\_  Denied



## Volunteer Organization Officer List

This form must be submitted annually, and in the event of a change in officer designation

New submission for current school-year     Updated Information    School-Year: \_\_\_\_\_

Organization Name

School Name

**Position/Title:**

Name:

Phone Number:

Email Address:

Mailing Address:

Is this officer bonded?  Yes  No

Is this officer an employee of Henry Co. Schools?  Yes  No

**Position/Title:**

Name:

Phone Number:

Email Address:

Mailing Address:

Is this officer bonded?  Yes  No

Is this officer an employee of Henry Co. Schools?  Yes  No

**Position/Title:**

Name:

Phone Number:

Email Address:

Mailing Address:

Is this officer bonded?  Yes  No

Is this officer an employee of Henry Co. Schools?  Yes  No

**Position/Title:**

Name:

Phone Number:

Email Address:

Mailing Address:

Is this officer bonded?  Yes  No

Is this officer an employee of Henry Co. Schools?  Yes  No

**Position/Title:**

Name:

Phone Number:

Email Address:

Mailing Address:

Is this officer bonded?  Yes  No

Is this officer an employee of Henry Co. Schools?  Yes  No



## Volunteer Organization Data Sheet

This form must be submitted annually, and in the event of a change in any of the information below.

School-Year: \_\_\_\_\_  New submission for current school-year  Updated Information

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
School Name

*The information requested below is for informational purposes and does not determine charter eligibility.*

**Is the Organization a 501(c)(3)?** If 'Yes', please attach a copy of the IRS determination letter.

\*\*To learn more about obtaining 501(c)(3) status, please visit: <https://www.irs.gov/pub/irs-pdf/p4220.pdf>\*\*

Yes

No

**Does the Organization have general liability insurance?** If 'Yes' please attach a Certificate of Insurance.

Yes

No

**At which banking institution does the Organization have an account?**

**Bank Name:** \_\_\_\_\_

**Account Type (checking, savings, other):** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Which officers are authorized to sign checks?**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**What is the Organization's EIN?**

*Outside Organizations may not use Henry County Schools' EIN or tax-exempt status.*

\_\_\_\_\_

**How often does the Organization meet?**

**Day of the Week:** \_\_\_\_\_ **Frequency (biweekly, monthly, etc):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**During which month do you hold officer elections?** \_\_\_\_\_



## Volunteer Organization Acknowledgement Form

This form must be completed by the Organization's president and submitted annually.

School Year: \_\_\_\_\_  New submission for current school-year  Updated Information

Organization Name \_\_\_\_\_

School Name \_\_\_\_\_

Organization presidents, please initial the statements below.

### The Organization:

\_\_\_\_\_ will adhere to Board Policy LEC and Regulations LEC-R(1) and LEC-R(2).

\_\_\_\_\_ will obtain its own EIN and we will not use Henry County Schools' EIN or tax-exempt status.

Please provide the Organization's EIN: \_\_\_\_\_

\_\_\_\_\_ will submit an annual budget that must be approved by the coach/sponsor and principal or designee.

\_\_\_\_\_ will maintain only (1) bank account and will not list an employee of Henry County Schools as a signer on the Organization's bank account unless said employee(s) are serving as the Organization's President or Treasurer.

\_\_\_\_\_ acknowledges that all officers and volunteers 18 years or older must complete a background check and may not volunteer until it has been approved.

\_\_\_\_\_ will submit the following documents by July 31, annually: Officer List (Form: HCS-LEC-105), Volunteer Organization Data Sheet (Form: HCS-LEC-110), and Volunteer Organization Acknowledgement Form (HSC-LEC-115)

\_\_\_\_\_ will ensure its officers attend one of the two mandatory annual training sessions facilitated by Henry County Schools.

\_\_\_\_\_ will distinguish its activities from school activities and will display signage that indicates fundraising, events, programs, etc. are being sponsored by the Organization.

\_\_\_\_\_ is financially responsible for all of its expenditures and will ensure its financial procedures align with Henry County Schools' policies and procedures.

\_\_\_\_\_ will keep a list on file of all items purchased by the Organization to support the respective school, activity or athletic team.

\_\_\_\_\_ acknowledges that purchases made for the school become the property of the school.

\_\_\_\_\_ will submit financial reports to the school, monthly, and an annual audit, by August 31, based on the auditing thresholds in Regulation LEC-R(1).

\_\_\_\_\_ is responsible for reporting its financial information to the IRS annually and will contact the IRS for more information.

- *The IRS requires all nonprofit groups to file the appropriate tax return, regardless of income. Organizations recognized as tax-exempt should file the appropriate IRS 990 form (990-N, 990-EZ or 990-Full). If an Organization does not have tax exempt status, it may be required to file a corporate tax return and pay tax on net income.*

\_\_\_\_\_ will submit updated forms if any of the information provided changes.

\_\_\_\_\_ will submit a Dissolution Form (HCE-LEC-120) in the event the Organization is dissolved or ceases operations.

Signature, Organization President: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Organization Dissolution Form

This form must be submitted in the event the Organization ceases operation.

Subject to Henry County School's Regulation: LEC-R(1):

In the event the Organization is dissolved or ceases operation, all assets and funds remaining after all obligations are paid for shall become property of the Board. Upon dissolution, the Organization shall: complete a dissolution form, ensure all financial obligations have been paid, turn all remaining assets and funds over to the school, and close all bank accounts within ten business days. Once effectuated to the school, the Organization relinquishes all control of the funds. The principal shall ensure all remaining funds from the Organization continues to support the sport or extra-curricular program the Organization was established to support.

**Upon dissolution, Organizations are responsible for ensuring the following actions have been completed to ensure the Organization is properly and formally dissolved.**

- Communicate decision to dissolve the Organization with the sponsor/coach, Athletic Director and principal or designee and members.
- Submit all club documents to the sponsor/coach, who will ensure the documents remain on file at the school.
  - Materials include but are not limited to: Bank statements, tax filings, membership records, meeting records, officers' records, financial records.
- Provide a list of all items purchased on behalf of the sport or activity the Organization was established to support, and ensure the school is in receipt of said items.
- Notify the IRS that the Organization has been dissolved and file documentation to officially terminate the Organization's EIN and end the tax-filing obligation.
- Within 30 days, ensure the following have been completed:
  - Financial obligations have been paid.
  - Close Organization's bank account
  - Make a cashier's check in the amount of the remaining funds payable to the school you are supporting.
    - Checks or any other form of payment shall not be made to an individual.

*Your signature below affirms that all dissolution procedures have been followed, and the school is in receipt of all funds, documents and goods purchased in support of it. Furthermore, the principal or designee's signature serves as their commitment to ensure funds received as a result of the Organization being dissolved will be used to support the activity or program for which it was intended.*

\_\_\_\_\_  
Printed Name, Organization Representative

\_\_\_\_\_  
Signature, Organization Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Principal or Designee

\_\_\_\_\_  
Signature, Principal or Designee

\_\_\_\_\_  
Date



## Volunteer Organization Peer Financial Audit

The peer financial audit is to be completed only by Organizations with a year-end balance of less than \$5,000. All others must be audited by an accountant or CPA.

**Required Attachments:** Bank statement for period ending June 30, June bank reconciliation, annual budget, record of outstanding expenditures

### Cash Receipts

Yes No

- |   |       |       |
|---|-------|-------|
| 1. Are records maintained of all receipt books and cash received? | _____ | _____ |
| 2. Are copies of voided receipts retained?                        | _____ | _____ |
| 3. Are guidelines in place for cash handling?                     | _____ | _____ |
| 4. Are funds deposited within 48 hours of collection?             | _____ | _____ |

### Cash Disbursements

- |  |       |       |
|--|-------|-------|
| 1. Are voided checks retained?                       | _____ | _____ |
| 2. Are guidelines in place for expenditure approval? | _____ | _____ |
| 3. Are expenditures getting the proper approvals?    | _____ | _____ |
| 4. Are checks signed by two authorized signers?      | _____ | _____ |
| 5. Are records kept of expenditures pending payment? | _____ | _____ |
| 6. Does the Organization engage in deficit spending? | _____ | _____ |

### Fundraising

- |   |       |       |
|---|-------|-------|
| 1. Are fundraising activities approved by the Organization’s members?                                     | _____ | _____ |
| 2. Are fundraising activities approved by the coach/sponsor/Athletics Director and principal or designee? | _____ | _____ |
| 3. Are cash handling guidelines being followed?   | _____ | _____ |

### Purchases

- |  |       |       |
|--|-------|-------|
| 1. Do purchases align with the Organization’s budget?  | _____ | _____ |
| 2. Do purchases that do not align with the Organization’s have approval from the coach/sponsor/Athletics Director and principal or designee? | _____ | _____ |
| 3. Are all purchases made in support of the organization or activity the Organization supports?  | _____ | _____ |
| 4. Are timely payments made for all purchases?   | _____ | _____ |

### Financial Statements & Reconciliations

- |  |       |       |
|--|-------|-------|
| 1. Are monthly financial reports share with the Organization’s members?                                      | _____ | _____ |
| 2. Are monthly financial reports shared with the coach/sponsor/Athletics Director and principal or designee? | _____ | _____ |
| 3. Was an annual budget adopted by the Executive Board?  | _____ | _____ |
| 4. Was the annual budget approved by the coach/sponsor/Athletics Director and principal or designee?         | _____ | _____ |
| 5. Are the bank statements reconciled monthly?   | _____ | _____ |
| 6. Does the Organization’s president review and approve the monthly reconciliations?                         | _____ | _____ |



# Volunteer Organization Peer Financial Audit

## Auditor's Report

Organization's Name: \_\_\_\_\_ Date of Audit: \_\_\_\_\_

### Auditor Comments and/or Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Auditors:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Audit Acknowledgement

By signing below, you acknowledge you have received a copy of the peer financial audit.

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization and Consent for Criminal Records Check and Release of Criminal Background Information

Effective 1/1/2023

I affirm the truth and accuracy of the following facts, and further acknowledge that Henry County Schools (HCS), a political subdivision of the State of Georgia, by and through the Henry County Board of Education, located at 33 N. Zack Hinton Parkway, McDonough, GA 30253 (collectively "Henry County Schools") with its officers, employees, and agents, is relying on the truthfulness and accuracy of the information provided below in its performance of the criminal record check of me, as the undersigned. By completing and signing this form, I consent to and understand the following:

Henry County Schools is required, pursuant to O.C.G.A. § 20-2-211.1 and O.C.G.A. § 49-5-156, to ensure criminal records checks on employed persons and other applicants. I hereby authorize the Henry County Police Department or any clerk, officer, judge, custodian of the record to provide to Henry County Schools, any and all information in their possession regarding any criminal history or record pertaining to me which may be on file with any criminal justice agency, court or the Georgia Crime Information Center ("GCIC" or "GBI"), the Federal Bureau of Investigation ("FBI"), National Instant Criminal Background Check System ("NICIC") or other information requested upon presentation of this authorization or any reproduced copy thereof. Henry County Schools is required to and will disclose results of this criminal records check if adverse action is taken affecting my status based on this information. I further give continuing consent, if employed by Henry County Schools, for officials of Henry County Schools to access such information throughout the course of my employment at intervals, should Henry County Schools deem background checks appropriate. Criminal history information is treated in a manner consistent with protecting privacy. My signature below indicates that I have received a copy of and understand my rights as provided by the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement.

Notice: Intentionally providing false or misleading information or the withholding of material facts, will constitute grounds for immediate termination and/or disqualification from volunteer or employment opportunities with Henry County Schools.

Please choose one regarding your status:

Not Currently Employed: \_\_\_\_\_ School-based Volunteer/Chaperone Applicant \_\_\_\_\_ Community-based Mentor Applicant

OR  
Current HCS Employee: \_\_\_\_\_ Certification Renewal \_\_\_\_\_ Change in Position

School or Department: \_\_\_\_\_

Please print legibly:

Name (Last, First, Middle, Maiden) \_\_\_\_\_ SS # \_\_\_\_\_

Street Address (No P.O. Box) \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color (Full Word) \_\_\_\_\_ Hair Color (Full Word) \_\_\_\_\_

Driver's License Number/State of Issue: \_\_\_\_\_ / \_\_\_\_\_

Ethnicity Part A (Choose Only One)	<b>Are you Hispanic/Latino?</b> <input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino
Ethnicity Part B (Choose One or More)	<b>What is your race?</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**\*\*A legible copy of your state-issued driver's license or state-issued ID must accompany this form for processing.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public